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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/681,014
Filing Date	October 7, 2003
First Named Inventor	Joseph Macri
Art Unit	na
Examiner Name	na
Attorney Docket Number	00100.66.0032

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☑ I hereby appoint the practitioners associated with the Customer Number: 29153

☑ Please change the correspondence address for the above-identified application to:

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I am the:

☐ Applicant/Inventor.

☑ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Kevin A. O'Neil		
Date	Oct 27, 2008	Telephone	(905) 882-2600

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☑ *Total of 1 forms are submitted.

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